PATENT APPLICATION FEE DETERMINATION RECORD Citactive October 1, 2001 Application or Optics Hugiber /0/038/038/ Y2 390 . P/3 / 5 O									
CLARES A	S FILED - PART	(Ookern 2)	TYPE C		OTMER				
TOTAL CLASHS	42	ij	RATE	FEE	RATE	FEE			
FOR	HAGER FLED	MEDISHER EXTRA	MEC AL	570.00 OR	MADO FEE	740.00			
TOTAL CHARGEABLE CLAMB	TUTAL CHARGEABLE CLASHS 4/2minus 200 - 2.7				X318=				
DESENDENT CLASS	merender CAMS s minus 3 · 2				X94=				
MULTPLE GEPENDENT CLASS	RESENT		+140=	000	•200=				
and a set of the set o									
Column 1)	RAR - GEORIEM	TB m 21 (Column S)	SHALL	EMITY OR	OTHER SMALL				
CLUS (REMARK) AFTER ANERCASETY Robs - 36 Independent - 4	1900	SER PRESENT	RATE	ADDI- TIONAL PER	RATE	ADDI- TIONAL FEE			
Test . 36	14mo -4	7 -0,	X3 2-	Von	X\$18=	<i>Y</i>			
independent & 4	Minus as 5	-0	X42-	A on	2004-	X			
I MIST MESSELLI MIST AND ACTIVE A									
MAN COMMUNI		•	TOTAL ADDIT FEE		ADOIT FEE				
Q11 (Column 1)	(Catur			1			 		
Rest 36	HOLIN PRODUC PALO	MER MAESBAT EXTRA	AATE	ADDI- TIONAL PEE	RATE	ADDI- TIONAL FEE	F.		
@ Recal - 36	ans -4	7 .0)\$9±	OR	XXTON		•		
Independent - 4	Maria		X42-	COR	X84=	X			
PAST PRESENTATION OF M	WHATE GELEICHEN		-140-	Von	•2002	7			
Hand	•		1000	OR.	TOTAL				
1-26-05 1-26-05	(Colus	ran 2) (Column 3)	MOOR FEE		ADON. FEEL				
CLAMS RELAMMO AFTER AMERICANT India Indiapended Indiapen	HAGA MANA PRIEVA PARO	EST SER PRESENT AGLY EATHA	RATE	ACOI- TIONAL FEE	RATE	ADOI- TIONAL FEE			
1 Total . 21	Manco - 4	7.0	X3 9=	Ton	X\$18=	/			
Independent • 5	Maria -	5 0	X42=	X on	X34=	力			
FREI HESENIALONG INCOMES CONTROL									
" Fibre eatry in orders 1 in hore then the entry in orders 2, write 'V' in orders 3. " Unite 'Nighted Number Previously Pall For' the Set SMCE is here than 50, enter "A". " If the 'Nighted Number Previously Pall For' IN THES SMCE is less than 3, enter "A". The 'Nighted Number Previously Full For' (Tand or independent) is the highest number install in the appropriate test in column 1.									
FORLIST PIE BOU	—————————————————————————————————————			ACCEPTANCE OF	णकात छ	CONTRACT			

PTCISB06 (08-03)
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	PATI	ENT APPLIC	ATION	FEE DETER	RECORD		as it displays a valid OMB control number. Application or Dockel Number 10/03/00%			
		CLAIMS AS	FILED -		mn 2).	SMALL E	NTITY	OR	OTHEF SMALL	
	FOR NUMBER FILED HUMBER PATRA			RATE	FEE		RATE	FEE		
	ASIC FEE (7 CFR 1.16(a))			s	OR		/			
101	TOTAL CLABAS 37 CFR 1.16(c) minus 20 = .			x 5*		OR	x s =			
INDEPENDENT CHAIRS (37 CSA-718(b)) minus 3 e			x s		OR	x 5				
		NT CLAIM PRESEN		7 CFR 1.16(d))				OR	/3 :	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) "If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL			
1	ad at				•	ioine (
ا <i>ت</i> ک	Amora	AIMS AS AMI	ENDED .	- PART II					OTHE	R THAN
<i>-</i>	-76 5	(Column 1)		(Column 2)	(Column 3)	SMALLE	NTITY	OR 4		ENTITY
H A L		CLAIMS REMAINING AFTER		HUNLST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENOMENT	Total	AMENDMENT	Minus	PAID FOR	. Ø		FEE			FEE
Ş	professions	. 2	Minus		-/08	X 5 =		OR		\mathbf{X}
Ξ	Q2 CFR 1.16(0))	مل		_ ك	9	x 5*	- X	OR	x s=	1
<u>∢</u>	FIRST PRESENT	ATION OF MALTIPLE	E DEPENDE	INT CLAIM (37 CF	R 1.16(6))	+s\	/	OR	+S_=	1
						ADD'L FEE	<u> </u>	OR	ADO'L FEE	L
		(Column 1)		(Column 2)	(Column 3)		·	3		
2		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL VEEE		RATE	ADOI- TIONAL FEE
٣	Total	AMENDMENT	Minus	47	0	x \$=	1	OR	x \$50 -	
ENDMENT	independent pr cFR 1,18ap	1.7.	Minus	5	- 1	x \$=		OR	x \$ 700 a	200,00
₹		TATION OF MULTIPL	c nepewne	WI C. #W 137 CF	R 1 1660))	+5 *		OR	.,380.	
_	The Frederic					TOTAL ADO'L FEE	1,1	OR	TOTAL ADDI FEE	2000
				Mark man 95	(February)	NUU L FEE	- 	J ~	. 20 2 . 00	
	1	(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)	21.75	4.000	1	RATE	4001-
S S		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RẠTE.	ADDI- TIONAL FEE		- MAIL	IIONAL FEE
MENDMENT	Total gr cen unice	*	Minus	**	•	× \$ *		OR	x s=	
2	Independent GI CFR 1,1609		Minus	•••		x \$•		OR	x 5=	
AME		TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1,16(0))	+5=		OR	+ 5=	
—						TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	1

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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